1	NDIDATE / OFFICEHOLDER INANCE REPORT 5028	FORM JC/OH COVER SHEET PG 1			
The JC/OH INSTRUCTION form.	N Guide explains how to complete this (Ethics Commission filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME  4 CANDIDATE / OFFICEHOLDER ADDRESS  Change of Address	TITLE FIRST MI  CANTO  NICKNAME LAST SUFFIX  HUGGS  ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  3808 S Fist Austr 75 78704	Date Received AN			
5 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX	Receipt # Amount  Date Processed  Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE;	ZIP CODE 78747			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
8 REPORTTYPE	January 15 30th day before election Runoff  July 15 Bth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year Month Day THROUGH	Year			
10 ELECTION	Month Day Year Primary Runoff Runoff	General Special			
11 OFFICE	OFFICE HELD (if any)	))			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the cancel Candidates are required to disclose this information only if they receive notification of the direction				
additional pages					
GO TO PAGE 2					

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME			15ACCOUNT # (Ethics Commission filers)				
	,						
16 NOTICE FROM POLITICAL	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
,	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
zegsą lenoilibba 🗌		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE					
	i	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$				
	4. TOTAL	POLITICAL EXPENDITURES	\$1200				
CONTRIBUTION BALANCE	5. TOTAL P OF THE	\$ 120 W \$ 2 W.W					
OUTSTANDING LOAN TOTALS	6. TOTAL F	THE \$					
18 AFFIDAVIT							
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me upder Title 15, Election Code.  Signature of Candidate or Office rolder  AFFIX NOTARY STAMP / SEAL ABOVE							
Signature of Candidate or Officer older							
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subscribed before me, by the said with the day of, this the, this the							
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath							

## CONTRIBUTIONS THEN THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The force				
- INTERIOR	cnox Guide explains how to complete this form.	1 Total pages Schedule A(J)		
2 FILER NA	Avin Allicles		3 ACCOUNT # (Ethics Commission filers)	
1 Date	5 Full name of contributor  6 Contributor address. City: State. Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 " Contributor's	1012 Hellword Dat H Audi	· <del>  -</del>		 
IV A) is Manual To Contribution			title.	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)		
13. If contributes		the continuous spouse (if any)		
13 ii commbatar	is a child, law firm of parent(s) (if any)			
Date	,	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address: City: State; Zip Code		 	
Contributor's principal occupation		Contributor's job title		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)	<del></del>		
Date		out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State: Zip Code			
Contributor's principal occupation		Contributor's job titl	le	· ·
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

















RETURN RECEIPT REQUESTED

02 JAN 17 AM 11: 23

ANA DEBEMBYON COUNTY CLEAR TO COUNTY OF S

Janis Cornay C B.O. Bol 1748 Busein 25 78767

RETURN RECEIPT REQUESTED

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